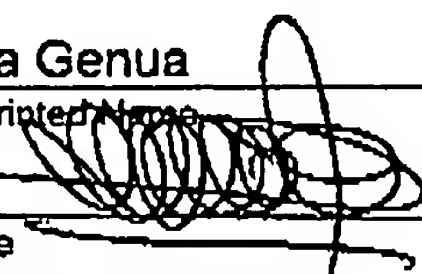


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| CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below. Sandra Genua Typed/Printed Name  Signature November 9, 2005 Date | APPLICATION NO. | 10/633,190 |
| | FILING DATE | 07/31/2003 |
| | FIRST NAMED INVENTOR | Ken L. Chang et al. |
| | ART UNIT | 2653 |
| | CONFIRMATION NO. | 3170 |
| | EXAMINER | Blouin |
| | ATTORNEY DOCKET NO. | K35A1300 |
| TITLE | DISK DRIVE INCLUDING A ONE-PIECE STAMPED ACTUATOR ARM ASSEMBLY AND METHOD OF MAKING SAME | |

ATTACHED WITH THIS SUBMISSION:

1. Transmittal Form (1 page)
2. Information Disclosure Statement -Form SB/08A (1 page)
3. Fee Transmittal (1 page)

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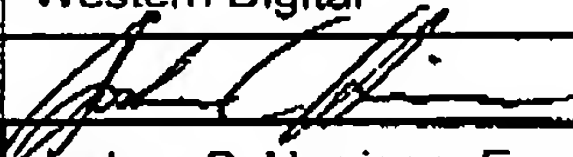
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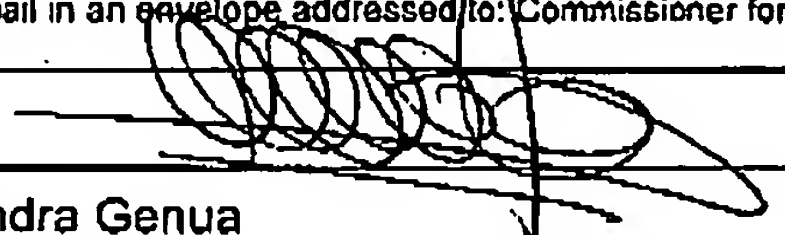
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|---|----------------------|------------------------|----------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/633,190 | |
| | Filing Date | 07/31/2003 | |
| | First Named Inventor | Chang et al. | |
| | Art Unit | 2653 | |
| | Examiner Name | Blouin | |
| Total Number of Pages In This Submission | 2 | Attorney Docket Number | K35A1300 |

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|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
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| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | Western Digital | | |
| Signature |  | | |
| Printed name | Joshua C. Harrison, Esq. | | |
| Date | November 9, 2005 | Reg. No. | 45,686 |

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/633,190 |
| TOTAL AMOUNT OF PAYMENT (\$) 180.00 | | Filing Date | 07/31/2003 |
| | | First Named Inventor | Ken L. Chang et al. |
| | | Examiner Name | Blouin, Mark S. |
| | | Art Unit | 2653 |
| | | Attorney Docket No. | K35A1300 |

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| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments |
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| FEE CALCULATION | | | | | | | |
|---|---------------------|---|-----------------|-----------------------|----------------------------------|-----------------------|------------------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description | | | | | | | Small Entity Fee (\$) |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | | 50 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | | 200 |
| Multiple dependent claims | | | | | | | 360 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| - 20 or HP = | | x | 50 | = | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| - 3 or HP = | | x | 200 | = | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| - 100 = | / 50 = | (round up to a whole number) x | | = | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other: IDS Fee under 37 CFR 1.17(p) - Fee Code 1806 | | | | | | | 180 |

| | | |
|--|--|--------------------------|
| SUBMITTED BY | | |
| Signature | Registration No. (Attorney/Agent) 45,686 | Telephone (949) 672-6119 |
| Name (Print/Type) Joshua C. Harrison, Esq. | Date November 9, 2005 | |

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